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DR. MARSHALL HALL ON TUBERCLE.

[Continued from page 86.]

M. Louis's Researches concluded.

"THE changes in the large intestine, are the same as those in the small intestine, but in different proportion, so that I have found it perfectly healthy 3 times only in 95 cases.

"Of that number, the mucous membrane of the colon was—

"1. Reddened in all its length, in 27 cases; interruptedly in 12; without interruption in 15; and this redness was very intense, except in 3 cases.

"2. It was softened in 61 cases; either in all its extent, or in a part of its extent only; generally without alteration of color.

"When red and softened, the mucous membrane of the colon is often mammelated, thin, like that of the stomach in similar circumstances. Sometimes it is destroyed over a considerable extent, and the cellular tissue laid bare is much thickened, though retaining its whiteness.

"When softening is united to redness and thickening of the mucous membrane, it is evidently inflammatory; but what shall we think of softening alone?

"Tuberculous granulations existed in 1 case in 6, or 13 times in 95 cases. Ulcerations are much more common; I found them in 70 cases; almost as frequently, indeed, as in the small intestine; they are inconsiderable in 3 cases out of 4, that is, from 3 to 4 lines in diameter, or even less, and are then frequently distributed uniformly along the whole intestine. In other cases, the frequency of the ulcerations diminishes as we ascend from the cæcum to the ascending colon, to the transverse colon and rectum, in the ratio of 17, 11, 8, and 4. The largest are those of the cæcum, and of the adjacent portion of the colon. I have seen them occupy the whole contour of the cæcum and of the ascending colon uninterruptedly for the space of 8 or 9 inches in length; whilst the largest ulceration I have observed in the rectum was not more than 2 inches in breadth.

"The ulcerations of the intestine are frequently independent of inflammation; at least, this is evident at their commencement, in regard to the small intestine, in a great number of cases, in which they are the result of the softening of tubercles; for the development of these cannot be attributed to the inflammation of the mucous membrane, the adjacent part of which remains unaffected, as long as they remain unsoft-

ened. The same thing obtains in some cases in regard to the large intestine, and for the same reasons. In the cases in which we cannot refer them to the softening of tubercles, of which there are no traces, we cannot consider them as the effect, at least solely, of inflammation; inasmuch as this does not commonly develop itself in isolated portions in the intestine; and in regard to the small intestine, although the traces of inflammation are much less frequent, ulcerations are much more so than in the colon. But if these ulcerations be ascribed to inflammation, this must be supposed to have a special character, or at least a special seat, since the ulcerations generally occupy Peyer's glands. We may add, as we have stated above, that these ulcerations are extremely rare in other chronic diseases, although inflammation of the mucous membrane of the intestine is not unfrequent.

"Besides, with the exception of the tuberculous granulations, the lesions, which have been noticed, are not peculiar to phthisis; they are observed, also, in other chronic diseases, but in different proportions. In 85 cases of this kind, 7 presented ulcerations, smaller than the large ulcerations of phthisis, and different in structure and form. Of these, 4 were cases of dysentery. Softening of the mucous membrane, with or without redness and thickening, took place in 1 case in 3; that is, in *less* proportion than in cases of phthisis.

"The *mesenteric* glands were found tuberculous in 23 cases out of 102 of phthisis; this affection being apparently uninfluened, as to frequency or extent, by the duration of the disease.

"The glands nearest the cæcum were most frequently affected.

"The glands of the *mesocolon* are less frequently tuberculous than those of the mesentery; and I have not found grey, semi-transparent granulations in either.

"I have found the *cervical* glands more or less tuberculous 8 times in 80 cases; and in 4 of these the mucous membrane of the trachea was perfectly healthy, a proof, among a thousand, that inflammation of the membranes with which the lymphatic glands communicate, is not a necessary condition of their tubercular transformation.

"Besides this transformation, the *lymphatic* glands were more or less red and enlarged in a certain number of cases of phthisis and of other diseases; but in the latter they were free from tubercles.

"I have found the *liver* fatty in 40 cases of phthisis out of 120, while it has been so in 2 cases only out of 223 of acute and chronic diseases; so that the fatty liver is almost peculiar to phthisis.

"The fatty liver is more frequently found in women than in men, in the proportion of 4 to 1.

"The strength or weakness, and the age of the patient, and the more or less rapid course of the disease, seem to exert no influence upon this state of the liver. The liver may become fatty very rapidly, since I have observed it in cases of only 50 days duration.

"No symptom denotes this fatty state of the liver except its augmented size, a state scarcely ever observed in phthisis, except in this case.

"I have only found tubercles in the liver twice in 120 cases of phthisis, and never in other diseases.

"The *gall-bladder* presents no morbid appearance peculiar to phthisis. The proportion, however, of cases in which the bile contained in it is of a deep color, thick, and, as it were, half fluid, is greater than in other diseases. This state of the bile existed in 1 case out of 3, of those cases in which the liver was fatty, and much more frequently than in other cases of phthisis.

"There was no relation between the condition of the bile and that of the stomach.

"The volume and consistency of the *spleen* varied much, and nearly in equal proportions, in phthisis and in other diseases. One lesion of this organ only belongs to phthisis—that is, tubercles, which I have found in 1 case in 14, or 7 times in 90 cases. These tubercles are much less frequently rounded in the *spleen* than in other organs, and much less frequently united with grey, semi-transparent granulations, a fact which I have observed only since 1825.

"The *kidneys* were found diseased in 1 case in 4; in the same proportion, indeed, as in other diseases. In 3 cases only were there tubercles, and in 1 a false membrane of a tuberculous character was attached along the ureters.

"In 40 cases, examined with care, the *prostate* contained tubercles in 3 cases, and in 1 of these tuberculous matter existed in the vesiculæ seminales and vasa deferentia.

"Most of the lesions of the *uterus* and *ovarium* observed in phthisis, are equally observed in other chronic diseases; one only is peculiar to phthisis—tubercles, which formed a superficial layer upon the uterus in one case, and which were found in the ovarium in 2 others.

"The principal lesions of the *peritoneum* in phthisis are the effusion of a certain quantity of serum, or of pus, adhesion, and tubercles. I have found the first in 22 cases, or in 1 case in 5, nearly in the proportion in which it is found in other chronic diseases, excepting organic diseases of the heart. I have found pus in 4 cases of phthisis, whilst if we except organic affections of the uterus, I have only found such an effusion once in 80 cases of other diseases. In regard to tubercles, I have only found them in 4 cases, in which they also existed in the lungs, and in 1 of these this matter coexisted with a certain quantity of grey, semi-transparent matter upon the omentum, which was from 12 to 15 lines in thickness.

"In 1 case only I have found universally diffused cellular adhesions in the abdomen of a phthisical patient; the peritoneum was healthy in other respects. I have not observed this lesion in any other chronic disease, a fact which proves the extreme rarity of acute diffused peritonitis. I have not observed such a case since the publication of my 'Researches on Phthisis,' except in the case of perforation of the intestine in the course of typhus fever.

"The lesions observed in the *brain* and its membranes are the same in phthisis and other chronic diseases. I have observed in phthisis, first, 2 cases of soft, false membrane, on the surface of the arachnoid; secondly, an effusion of from 1 to 2 tablespoonfuls of serum in the occipital fossæ, in one half of the cases; and a larger quantity of the same

liquid in the spinal canal, every time it was opened; a quantity of serum in the lateral ventricles proportionate to the duration of the 'agonie,' or state of sinking, an appearance which was absent, or nearly so, in the cases of sudden death; in 3 cases only I found a spoonful and a half of serum in the third ventricle.

"The *pia mater* was infiltrated in 3 cases out of 4.

"The *cerebral substance* was of a consistence greatly less than natural in 5 cases; in 1 the softening was confined to one of the hemispheres; in 6 this softening, to a degree almost amounting to a pulp, was confined to the fornix, or corpora striata. These lesions occur equally in other chronic diseases.

"The only lesion which I have found in the brain in phthisis only, is tubercles.

"Thus, all the serous membranes—the arachnoid, the pericardium, the pleura, the peritoneum—are, in many cases, the seat of effusion of greater or less extent. It is in the lateral ventricles of the brain that it is observed most frequently, in considerable quantity especially. The same membranes become the seat of acute inflammation in the last stage of the disease, but the pleura more frequently than the rest.

"The period at which the various lesions which have been described take place, is very variable. The pneumonia, the pleurisy, the redness and softening of the mucous membrane of the stomach, the pulpy softening of that of the colon, the peritonitis, the arachnitis, the partial and pulpy softening of the brain, occurred in the last stage of the disease. Most of the lesions were the results of inflammation, and denoted that the weakness of the patient was rather favorable than unfavorable to the development of this morbid action. The other lesions took place earlier in the disease, sometimes in its very commencement; such were the extensive ulcerations of the intestinal canal in some of the cases, &c.

"Some of the lesions were peculiar to phthisis, others independent of it, and common to various chronic diseases. Amongst the first were ulcerations of the larynx, and especially of the trachea and epiglottis—the ulceration of the small and large intestine, especially of the former, the fatty state of the liver. The ulcerations, wherever seated, have some things in common. When the mucous membrane was destroyed, the sub-mucous cellular tissue became thickened, and more or less uneven. After a certain time this ulcerates, and then the muscular coat first thickens and then ulcerates in its turn. In this manner it is rare to observe the destruction complete; for, as one membrane ulcerates, the other thickens, and thus resists the total destruction of the part, and postpones the fatal event.

"One lesion is peculiar to phthisis—tubercles, wherever they may be found. With one exception only, I have never found tubercles after the age of 15, in any viscus, without finding them at the same time in the lungs, so that their existence in the lungs seems a necessary condition to their development elsewhere. Another fact seems to attest the same thing. With one single exception, I have always found the tubercles more developed in the lungs than in any other organ, whilst

when they existed in several other organs, they were observed in them to be in the *same* stage of development. This last fact seems to prove the operation of a cause acting simultaneously upon many and distant parts, different in their structure, independently of the first exciting cause."

This is an extraordinary document, although it is one of extreme value, and exhibits the results of immense labor. There does not exist its parallel in medical literature.

[To be continued.]

THE PRACTICE OF MIDWIFERY.

[The following are the concluding remarks of Dr. Delafield, of New York, in the Introductory Address alluded in the Journal for last week.]

Having thus, Gentlemen, passed in rapid review the several subjects which must engage you as students of medicine, and pointed out the order in which you should take them up, let me close these remarks by calling your attention for a moment to the department of medicine which it is my duty to teach in the ensuing course of lectures. You will find, that to understand midwifery, and the treatment of the diseases of women and children, you can dispense with no part of the knowledge which I have declared essential to the accomplished physician. You will find that the practitioner of midwifery requires to be equally a physician and a surgeon. If he be educated exclusively for either the one or the other of these branches of the healing art, he must necessarily be incompetent to practise midwifery. He must be a physician; for he is daily called upon to treat many of the most important, most dangerous, and most obscure diseases. He must be a surgeon; for he has operations to perform requiring all the surgeon's skill. He must have an exact knowledge of the anatomy of the parts which are the subject of operation; great dexterity, and such as is only acquired by repeated practice; great resolution and perseverance; for without these he never can accomplish obstetric operations. He must especially have remarkable presence of mind; for in no cases is he more frequently called upon than in obstetric emergencies to relieve patients from the dangers arising from sudden accidents; from situations in which death is imminent; and when the terror and alarm of those around the patient, as well as her immediate danger, leave him entirely dependent upon his own resources.

Let us attempt to illustrate these propositions by slightly reviewing some of the cases in which the obstetric practitioner is called upon, and thus prove the necessity of a thorough knowledge of both medicine and surgery.

The practitioner of midwifery must be a physician. His duty is to treat the diseases of women and of children. The diseases of these two classes of persons furnish, indeed, the principal source of occupation to every medical man. If any such, engaged in large practice, should keep a register of all the cases he treats in a year, he would perhaps be surprised to find how constantly he has been occupied with the care of women and children, and in how comparatively small a num-

ber of instances men become his patients. The causes acting upon the health of the female, both natural and accidental; arising in the one case from the peculiarities in her constitution by which she is fitted for the great function of reproducing her species; and, in the other, from errors in education, both physical and moral, and the usages of society which more constantly are influencing the habits of the sex—these causes are incessant in their operation, and act in a variety of modes, which are abundantly competent to account for all the phenomena they produce.

The generative process, as far as it is performed by men, has comparatively slight influence upon their health. But in the female, its performance brings along with it a series of diseases and dangers, peculiar to the sex, which entitle her to our warmest sympathies, and the exercise of our best faculties in devising means to relieve her diseases and avert her dangers. How large a portion of the lives of most married women is devoted to the bearing of children. The long period of pregnancy, during which she often suffers from a variety of ailments, in themselves constituting a formidable list of human ills; the process of childbirth, attended, as it always is, with intense suffering, and often with dangers of the most imminent kind; the period of recovery from this state, during which severe maladies originate, which may ever after impair the health and ruin the happiness of the poor sufferer; and lastly, the whole period of lactation, with the cares and anxieties of the mother watching over her infant; and, perhaps, worn down at last, and losing her health in the very effort her constitution makes to supply nourishment to her offspring; how many of the best days of our mothers are thus employed! And when, in giving birth to a numerous progeny, these various processes are repeated again and again, is it wonderful that women are obliged so often to seek the advice and assistance of physicians.

Let any one of us inquire minutely into the condition of health of any number of females of our acquaintance. We shall find, that if we discover one individual of the weaker sex habitually free from any kind of disorder or disease, it is almost an exception to a general law: and for one such exception, we meet with numerous examples of women habitually suffering under complaints, often slight, often serious, but all more or less tending to impair the enjoyment of life.

They share with the other sex all the common diseases incident to humanity. The numerous derangements to which the digestive apparatus is subject; the less frequent, but even more dangerous diseases incident to the lungs and other respiratory organs; the whole list of fevers and inflammatory diseases which are every day calling upon us for relief; all these and many others are equally shared by women with ourselves. But when, besides those already adverted to as incident to the performance of the generative function, we add the numerous class of disorders to which they are subject from a more exquisitely organized nervous system, how largely do they bear the share of physical ills to which our race is subject. The other peculiar function of the female, menstruation, adds still more to the catalogue of diseases she has to suffer.

Many young females permanently lose their health by the constitution failing in the effort to establish this function; and in after life, its suppression or diminution, or its occurrence too frequently or in excess, all interfere more or less with the health; while the period of the cessation of the menses, although perhaps too much dreaded by women themselves, is justly regarded as often developing in the individual new and formidable diseases, peculiar to females, and to that particular epoch of their lives.

In males there is no analogous cause of disorder to the health. The age of puberty, with boys, is generally one of uninterrupted good health, and subject to none of the disorders which in the other sex are constantly exciting the solicitude of the mother and the physician. Nor at the age when the male loses the power of reproducing his species, corresponding to the cessation of the menses in the female, is there, to any remarkable extent, a peculiar proneness to disease. Indeed, in the male there is not, as in the female, a certain age when the generative powers cease. In the latter, almost uniformly, the menses cease to appear between the fortieth and fiftieth year, and this cessation at once marks and fixes the period of the failure of the generative powers. In males it is not so. There is hardly any age which can be assumed as being the limit to the generative powers of men; and so well established is this fact, that the English laws allow no such limit during the life of the individual; while examples are well authenticated of offspring being born to fathers of an age approaching the extreme verge of the limit of human life.

Such are some of the causes operating upon the health of females to produce the numerous diseases to which they are subject; and the mere enumeration of them would abundantly illustrate the necessity of a thorough knowledge of *medicine*, of being a good *physician*, for every individual who assumes to himself the duties of a practitioner especially devoted to the treatment of their diseases.

But the practitioner of midwifery must also be a surgeon; he must be an anatomist; he must have skill, resolution, perseverance, and presence of mind. Let any one of you, gentlemen, attempt, for the first time in your lives, in a case of labor, where the shoulder is the presenting part, to turn the child and deliver by the feet. Let the woman have been in labor several days, the membranes broken, the uterus strongly contracted upon the body of the child; the patient resisting the efforts of the operator, and his progress constantly interrupted by the renewed throes of labor. Recollect, under all these circumstances, the value of the life which is at stake—the wife of a devoted husband, the daughter of affectionate parents, the mother of children, whose loss can never be supplied to them;—and then, without knowledge, without dexterity, without resolution, perseverance, and presence of mind, attempt the operation, and imagine the result.

Or, in another case, where the child is born, but the placenta undelivered; sudden hemorrhage occurs, and at once threatens the destruction of life within a time so short, that if a moment be lost in reflecting what is to be done, death is at hand. We see the suddenly pale and

ghastly countenance, the blanched and death-like color of the lip—we hear the almost inaudible voice uttering only the tones of delirium, and observe the restless tossing to and fro of the patient, almost ready to expire. At such a moment, imagine yourselves, gentlemen, deficient in any one of the points I have suggested, and wanting the confidence in yourselves which knowledge and skill alone can inspire; and judge how unenviable will be your feelings.

Would that I had never seen the results of such cases when managed by the unskilful and the ignorant; and worse even than this, the destruction of life sometimes produced by rash and barbarous attempts at effecting artificial delivery, when all assistance was entirely unnecessary, and when a mere knowledge of the powers of nature alone would have produced a happy result simply by leaving the case to itself. In witnessing such cases, I have sometimes felt that more than a doubt existed, whether most good or evil was done by the attendance of practitioners, taking them altogether, male and female, skilful and ignorant, upon cases of labor; whether the lives of more mothers and children were lost by want of proper assistance rendered in due time, or by improper attempts at assistance when it was not required. If women are sometimes suffered to die from loss of blood with the placenta undelivered, or from exhaustion in labor resisted by some obstacle which the natural powers cannot overcome; so, too, their lives are sometimes destroyed by rupture of the uterus in forcible and unskilful attempts to deliver the placenta or turn the child; from lacerations of the parts by instruments; or the subsequent occurrence of inflammation and sloughing from undue violence, either manual or instrumental.

But this is the dark side of the picture. Look also at the other. You are called to a case of labor protracted by some obstacle, in which the patient is almost worn out with exhaustion, and she and those around already despair of a happy result; in which hours, or even days have elapsed in unavailing struggles; and perhaps unsuccessful attempts have already been made by others to effect the delivery. You find the case within the reach of art, and, confiding in yourselves, you at once apply the appropriate remedy, and save both the mother and child. By a dexterous application of the forceps in one case, or by means of the hand altering the position of the fœtus in another, you remove the cause of delay and finish the delivery. The sudden revulsion of feeling of the desperate patient, and the no less despairing friends; the expressions of gratitude she and they pour forth; the eloquent countenances of the husband and mother, depicting what in language they cannot utter: these, gentlemen, are rewards which are sufficient; that will amply repay you for all the time, all the labor, all the expense you may have bestowed in acquiring the knowledge and skill which will enable you to produce such results.

CASE OF AMAUROSIS FROM PLETHORA,

TREATED SUCCESSFULLY BY LOCAL AND GENERAL BLOODLETTING, COUNTER-IRRITATION, LOW DIET, ETC.

[Communicated for the Boston Medical and Surgical Journal.]

SEPTEMBER 10th, 1836. Dr. J. H. Flint was consulted for a complete amaurosis of both eyes, by Mr. P., æt. 24. Vision had been impaired nearly a year. The history and symptoms of the case were as follows.

He had for a number of months been the subject of momentary blindness, particularly under circumstances favoring a determination of blood to the brain, or interrupting the circulation through it. The failure of vision was sudden and total. The general health was much disordered, and he was subject to deep-seated, protracted headache. His habits were such as to promote a general fulness of the vascular system. He had, for a long time, been the subject of repeated daily attacks of epistaxis, which were now partially suppressed, occurring not oftener than once or twice a week. A month preceding the entire failure of vision, he sought medical advice for the severe headache which occurred in paroxysms from seven to twelve hours continuance. General bleeding, purging and blistering were persisted in for a number of weeks, without any perceptible benefit. The epistaxis was almost entirely suppressed, and in a few weeks the failure of vision was constant and total.

When he applied for advice, all the symptoms concurred to indicate an active congestion of the cerebral vessels and compression of the optic nerve, as the probable cause of blindness.

With a view to diminish the general fulness of the vessels, particularly of the head, and equalize the circulation as far as possible, general and local bleeding were directed, in connection with vegetable diet, active counter-irritation, and such alterant and cathartic medicines as were necessary to secure a regular performance of the functions. The local bleedings were obtained by puncturing the nostrils, in imitation of the previous provision of nature by the former frequent epistaxis. Nothing could have been more happy in its immediate result than this simple practice of pricking the septum of the nostrils. There was a marked improvement after the continuance of it for three or four days, and each subsequent renewal of the hæmorrhage, which was promoted by sternutations, &c., illustrated the importance of this discharge.

In the course of six weeks the power of vision was so far restored, that from being unable to distinguish the house wall from the window, he could mark and follow passing objects, especially on cloudy days and the hour of twilight. He noticed and picked up white objects, as bits of cloth and paper, from the floor. It is to be regretted that he left the hospital at this time, when every day was rich in promise of a perfect cure, with the conceit that he and his friends were adequate to the subsequent management of the case.

After the patient left Dr. Flint's care, the local bleedings were discontinued, and the blindness returned as completely as before. In the course of six weeks he was seized with an apoplectic attack, from which

he slowly recovered; thus proving, beyond a doubt, that the cause of amaurosis was to be found in the fulness of the cerebral vessels.

Northampton, February, 1838. J. H. Wright, M.D.

ANOMALOUS DISEASE.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—In complying with your request relative to the patients whom you saw with me yesterday, I proceed with diffidence to give some account of the circumstances and symptoms attending a disease more remarkable, in some respects, than any I have before observed.

The family above referred to consists of ten persons, viz., Mr. C., aged 50; Mrs. C., aged 44; five children between the ages of 23 and 10 years; a niece, 19; a man and maid servant, 30 and 40 years—all of whom, previous to the attack, were in good health. On Thursday, January 25th, Mrs. C. became sick; Wednesday, 31st, the niece; Thursday, February 1st, Mary Ann C., aged 23; Friday, 2d, Mr. C.; and on the 4th, the man. The symptoms, in all, were remarkably uniform—differing somewhat in degree, rather than kind, and the description which follows is applicable to each, with one or two exceptions to be noticed subsequently.

The first symptom noticed deviating from health, was a slight chill or sensation of cold, creeping over the body, followed by pain through the orbits and balls of the eye, and temples, attended with very great depression of strength; and within 24 hours from the attack, the pulse were from 120 to 140 per minute, and easily compressed; tongue rather red at the edges, and covered with a thin, moist, white coat; mucous membrane of the throat slightly inflamed; thirst moderate; temperature of surface natural, and rather dry; no appetite; stomach quiet; bowels easily moved and free of pain.

On the second day the eyelids became œdematous; the conjunctiva was also loaded with water, and in some instances protruded between the lids, the surface of which was slightly inflamed. An efflorescence also extended over the face, neck and hands, and slightly on the arms and some parts of the body. Motion of the head and limbs was painful; and on particular inquiry and examination, I ascertained the fact that pressure on any and every muscle of the system, and compressing the muscles attending the long bones, gave acute pain. The least contraction of a muscle was a source of suffering, and the most trifling change of position so irksome, that the attempt was of rare occurrence. The joints, bones, lungs, intestinal tube and brain, after third day, appeared the only portions of the system free from the morbid influence.

On the third day the swelling of the face was more diffused, extending to the cheeks and very slightly to the arms, accompanied with considerable redness and occasional sensation of heat in the face and surface generally. Pulse, in erect and horizontal position, from 120 to 140; respiration natural; urine very small and high colored; nights restless; stomach and bowels quiet; secretions natural.

Fourth day. Swelling of eyelids and face much diminished; cont of tongue much the same; throat more inflamed; depression of strength out of all proportion to violence of other symptoms; pulse still frequent; motion as painful as on previous day; no regular paroxysms of fever. Mrs. C. has been perfectly helpless, on her bed, from the day of my first visit, being incapable of the least motion, except of the arms. The other four have been able to sit up most of the day, and walk the room, although with great pain and difficulty. Mrs. C. and niece suffered œdema of the lower extremities, extending to the knees, from tenth day of disease. Indeed all the individuals, at different times, have given evidence of more or less infiltration of the cellular tissues of various parts of the body.

February 17th. They all are much in the same state as on the fourth day of the disease. The only sensible change is a less frequent pulse, now 100 to 120; better nights; some slight inclination for food; less thirst, and *increase of debility.*

Relative to remedies—a variety have been employed in the early stage. Leeches, antimonials to a moderate extent, with laxatives, diuretics, opiates, bathing, and, more recently, diffusible stimuli and tonics—with a hope of increasing the tone of system. Nothing, however, appears to possess any positive influence over the disease. Laudanum and Dover's powders I think most conducive to their comfort.

Thus I have endeavored to give a faithful but brief account of the symptoms manifested in this obscure affection; and permit to add, as the result of my observations, that, in my opinion, the cellular tissue is chiefly, if not entirely, its present and past location. In connection with the foregoing it is proper to state that the family enjoy all the comforts of life, being in possession largely of this "world's goods." The house in which they live is situated on elevated, dry, and light ground, and only separated by the road from Mount Auburn, in Cambridge. I have examined with care every part of the house, cellar and cooking apparatus. The cellar is clean, and contains vegetables in a healthy state. The house clean, spacious and well arranged. I noticed in the kitchen a copper vessel belonging to the stove, clean, but not tinned within. The water used by the family, the last two months, is brought from a well a few rods from the house, through a lead pipe terminating in a copper pump, apparently well tinned within. The well, before the present improvement, had been little used for many years. Previous, however, to the recent arrangement, it was perfectly cleansed by removing the water several times from it.

The above account I transmit to you, with a hope (if worthy of a place in your pages), that some members of the profession may be favored with a similar privilege, for the purpose of communicating any facts or suggestions relative to the origin, pathology, or treatment of the disease.

Yours truly,

Watertown, February 17, 1838. HIRAM HOSMER.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 28, 1838.

STATISTICS OF THE INSANE.

Dr. Bell's report of the condition of the McLean Asylum, of which he is the medical superintendent, is an interesting document. We have always considered his appointment a happy choice, and the skill and fidelity with which he conducts the institution must be gratifying to the community. A few detached portions, only, are extracted from the annual return made to the Trustees, but they are sufficient to illustrate the success of Dr. Bell's administration.

"The number of patients remaining at the end of December, 1836, was - - - - 43 males, and 28 females, 71
Received during 1837, - - 63 " 57 " 120

Whole number who have enjoyed the benefits of the Asylum during the year, 106 males, and 85 females, —
"There have been discharged during the same period: 191

	Males.	Females.	Total.
Recovered,			
Recent, - - - -	30	29	
Old, - - - - -	6	7	
	36	36	72
Much Improved,			
Recent, - - - -	0	3	
Old, - - - - -	6	0	
	6	3	9
Improved,			
Recent, - - - -	2	0	
Old, - - - - -	1	1	
	3	1	4
Not Improved,			
Recent, - - - -	1	1	
Old, - - - - -	4	3	
	5	4	9
Dead,			
Recent, - - - -	1	2	
Old, - - - - -	2	3	
	3	5	8
Unfit (not proving insane) - - -	-	-	3
Total discharged, - - - -	-	-	105
Number remaining January 1, 1838, -	-	-	86

"The proportion of recoveries of those discharged during the past year has been in recent cases, 86 1-2 per cent; of old cases, 38 per cent,

and of all about 71 per cent ;* a measure of success, which it is believed will not be found to have been exceeded in the annals of institutions of this kind.

"To illustrate the often repeated subject of the high importance of early subjection to the treatment of a proper institution, it may be mentioned that of all those dismissed during the year whose cases did not exceed six months' standing before admission, with the exception of some few promising instances in which the pecuniary inability of friends compelled a removal after the insufficient trial of not more than a single quarter, every individual was believed to have been restored. So that of recent cases within this limit, one hundred per cent may justly rank as having been curable."

"With the increased number of patients, we are also gratified with the belief that there never before has been amongst them such an amount of cultivated intellect, moral worth, and value to society, as during the past year. The peculiar condition of the commercial world has been felt within our walls by the addition of not a few sufferers of the character referred to, whose urbanity of manners, encouraging example to their fellow sufferers, grateful acknowledgments for the care and attentions bestowed on them, and renewed social usefulness when restored to health, have fully repaid us for all our exertions. The freedom with which many of these respected inmates of this and former years, have referred to their residence here, and their frequent and apparently not ungrateful visits to these scenes, serve to evince and at the same time to contribute to the impression beginning to exist in well-informed society, that alienation of mind from disease brings no disgrace to the sufferer, and deserves not to be considered or alluded to with a morbid feeling of delicacy or mortification, as if any just ground of difference existed between this and other forms of disease."

"The peculiarities of the system of moral influences here applied, have been pretty fully developed in the last Annual Reports to your Board, and remain essentially the same. In this, as in every institution which has kept pace with the age, everything like severity has never been found necessary, and the great principle of mild, soothing, persuasive, yet firm, decided, parental treatment has proved fully adequate to accomplish every desired result. It may be confidently alleged, that the amount of employment in useful labor and active amusement, the self-respect and self-control generally indicated in the dress, manners, and conversation of the inmates, as well as the curative results detailed, show that no inefficiency need be apprehended from the sway of gentleness and forbearance, combined with unyielding firmness, even-handed impartiality, and adherence to good faith over the mind diseased."

Ophthalmic Quackery.—From the examination of an unusually long recommendatory puff, in one of our exchange papers, it is apparent that the great transatlantic adventurer is again in the field, beating up for patients. It is one of the misfortunes of the people of this country that they are not contented with homebred impositions, but manifest the most

* It is important in any comparison of results, to notice whether in the division of cases, the term recent is confined to cases of a duration of six months or a year, as the difference is very material, and no uniform standard is employed in insane hospitals. Here, cases of not over a year's standing are considered recent. If cases of only six months and less were deemed recent, the results would appear still more favorable.

eager desire to patronize every foreign adventurer that lands on our shores, even at the expense of their eyes.

Dr. Bedford's Lectures on Obstetrics.—At the close of this gentleman's private course, on the 10th, at New York, the students organized themselves and chose a committee to return their thanks to him for the very able and acceptable manner in which he had lectured to them on Obstetrics and the Diseases of Women and Children. It is very evident, from the warmth of expression in the resolves, that Dr. Bedford has not only an excellent mode of communicating professional knowledge, but a happy tact, and, withal, which is still more important, a well-grounded acquaintance with the subject to which his original and powerful mind is devoted.

New Publications.—By looking at Dr. Dunglison's list of new books sent to him for examination, we notice the *Philadelphia Practice of Midwifery*, by Charles D. Meigs, M.D., beside some others of a minor character, which do not appear to have reached this latitude. Should either of them be received here, it will give us pleasure to present their claims, provided they have any, to our professional brethren of the north.

Dr. Graves's Lectures.—The American Medical Library is republishing this gentleman's Clinical Lectures, which are admirable. It is a matter of regret that the limits of our Journal would not allow of the same course, in detail. The high claims of Dr. Graves, who resides in Dublin, are acknowledged by all who have an opportunity of studying these discourses. We do not hesitate to say that these lectures, alone, are actually worth, to the medical practitioner, the annual subscription of the Journal in which they appear.

Transylvania University.—Notwithstanding the colonization of a part of the old faculty at Louisville, and the organization there of a rival school of medicine, the old school of Lexington has been nobly sustained the present term. *Two hundred and twenty-seven* students were matriculated. This, therefore, in point of numbers, is the second medical college in the Union. The death of Professor Eberle is a sad misfortune. He possessed those excellent qualities of head and heart which are always appreciated. As an author and teacher, he was eminently distinguished.

Medical Provident Institution of Scotland.—Every five years the affairs of the institution are brought to a balance, and two thirds of the surplus divided amongst the contributors; the remaining one third being carried forward as a guarantee, and to meet any extraordinary contingencies.

Case of Triplets.—A case of premature delivery of triplets occurred at South Boston on Friday last. Of three male fœtuses, the first was putrid, the second stillborn but perfect, the third lived eighteen hours after birth. The woman is doing well. Duration of pregnancy, between six and a half and seven months.

Cure for Foul Breath.—M. Cavarra has uniformly succeeded in curing by means of the following gargle, the foul breath which arises from a morbid condition of the mouth. He was led to its habitual employment by the complete relief it afforded in a case of foul breath from mercurial salivation. R. Sulph. alumin. et potass., 3ij.; aq. puræ 3iv. M. Ft. gargarism.—*American Jour. Med. Sciences.*

Mercurial Ointment for the Cure of Chilblains.—Dr. Desgranges has employed the mercurial ointment for the cure of chilblains with the happiest effects. The parts being first rubbed with the ointment, are then covered with a piece of linen spread with the same. M. G. often weakens the common ointment by adding simple cerate, in the proportion of one or two drachms of the former to an ounce of the latter.—*Ibid.*

Tannate of Lead in Gangrenous Sores.—Dr. Tott has employed the tannate of lead in several cases of gangrenous sores, with marked advantage. The preparation may be made by pouring a solution of acetate plumbi drop by drop, on a decoction of oak bark, as long as any precipitate forms. The precipitate is then collected and spread on linen, or united with lard in the proportion of two drachms of the former to an ounce of the latter.—*Ibid.*

Test of Morphia.—M. Lafargue, in a communication to the French Academy, states that the most invariable and delicate test of the treatment of morphia is to be found in inoculation. He has tried infusions of several of the species of poppy which contain that principle, and of their cogeners which do not, and he finds invariably that a small quantity introduced under the skin, as in vaccination, is followed by the development of a papula of determinate character.—*Ibid.*

Ligature of the Primitive Carotid.—This operation has been successfully performed by Dr. Bedor, of Troyes, for the cure of traumatic hemorrhage, in a man twenty years of age, resulting from a wound in front of the right axilla. The man was discharged cured on the forty-fifth day. —*La Presse Médicale.*

Influence of Vaccination on Hooping Cough.—Experiments made at the hospital for children in Paris, tend to show that vaccination exerts no control over the progress of pertussis. Ten children laboring under this disease, who had never been vaccinated, have been admitted into the hospital just named within the last four years, and of these nine were vaccinated. Pustules were regularly developed, but the hooping cough was in no respect modified by the vaccine disease.—*Bull. Gén. de Thérap.*

Ligature of the External Iliac Artery.—This operation was successfully performed by M. Lisfranc, in May, 1836, for the cure of aneurism situated about half an inch from the crural arch. A single flat ligature, four threads united, was applied, and the limb afterwards enveloped in warm cloths, frequently renewed, which M. L. prefers to bags of warm sand; the latter impeding the capillary circulation by their weight, and acting as rubefacients when the sand is overheated.—*Ibid.*

Whole number of deaths in Boston, for the week ending Feb. 24, 41. Males, 20—Females, 21.

Consumption, 3—infantile, 3—croup, 1—disease of the brain, 1—dropsy on the brain, 1—fits, 2—lung fever, 5—convulsions, 2—inflammation of the lungs, 2—sudden, 1—disease of the heart, 1—inflammation of the bowels, 1—child-bed, 1—jaundice, 1—cancer 1—suicide. 1—worms, 1—scarlet fever, 1—dropsy in the head, 1—old age, 2—stoppage in the bowels, 1—stillborn, 7.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri, or Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to. LOWE & REED,

Jan. 3. 1yreop 24 Merchants Row, Boston.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscriber proposes to take a few medical students, and to connect a small school with his private establishment for the treatment of invalids and for surgical operations. He has procured convenient rooms, and has secured the necessary facilities for anatomical inquiries and demonstrations. His pupils will also have the privilege of witnessing such interesting and important cases as occur in the private practice of a country physician and surgeon. JOSEPH H. FLINT.

Springfield, January, 1838. Jan. 17.

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.

Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and *in cases which will be treated at the room daily.*

Instruction will be given by clinical and other lectures, and by examinations at least twice a week.

Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

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Boston, August 9, 1837.

VERMONT MEDICAL COLLEGE.

THE annual Course of Lectures, at this institution, will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by - - -	H. H. CHILDS, M.D.
Pathological Anatomy, by - - - - - - - - - -	ELISHA BARTLETT, M.D.
General and Special Anatomy and Physiology, by - - -	ROBERT WATTS, JR., M.D.
Principles and Practice of Surgery, by - - - - - - -	GILMAN KIMBALL, M.D.
Chemistry and Materia Medica, by - - - - - - - -	DAVID PALMER, M.D.
Medical Jurisprudence, by - - - - - - - - - -	NORMAN WILLIAMS, A.M.

Woodstock, January 17th, 1838. F7—eptM7

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